

CONFIDENTIAL

[Date]

[Employee Name]
[Employee Job Title]
[Employee PIN]

RE: ADA Accommodation Request Approval

Dear [Employee Name]:

This letter is in response to your request for an accommodation to perform the essential functions of your position.

Form JHRD 201, completed by your health care provider, given to us on [date] stated that you have the following work restriction(s):
[Describe restriction(s)].

We met/spoke with you on [date] to discuss possible accommodations needed because of these restrictions.

Your request for an ADA accommodation has been approved effective as follows:
[Describe accommodation(s)].

Your manager(s) has been notified of the accommodation and of any safety or health emergencies that might occur. This ADA accommodation will be in place until [date].

Should you believe you need an extension of this accommodation, please inform your supervisor or Human Resources, Employee Relations so that the ADA accommodation process can re-commence. Your records will be maintained in accordance with applicable confidentiality requirements. Please contact me if you have any questions.

Sincerely,

[Administrative Official's Name]

cc: Linda McCabe, ADA Officer
Human Resources, Employee Relations